

## SYSTEM ACCESS REQUEST

**THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS).**

**IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** Executive Order 10540. 50 U.S.C. 781, et seq. DLA Privacy Act System Notice S500.50 DLA-I, Individual Access Records, applies.

**PRINCIPAL PURPOSE(S):** Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS). The provided information is used to ensure that only authorized personnel have access to this system.

**ROUTINE USE(S):** Information from this system may be disclosed for any of the DLA blanket routine uses.

**DISCLOSURE:** Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied.

## 1. TYPE OF ACTION REQUIRED ("X" one)

☐ NEW USER ☐ USER WITH ASSIGNED USERID ☐ DELETE USER ☐ REASSIGNED/MOVED

(Input USERID in Block 2 below.)

OFFICE SYMBOLS

FROM

TO

## 2. USERID

## 3. NAME (Last, First, Middle Initial)

## 4. OFFICE SYMBOL

## 5. OFFICE TELEPHONE NUMBER

a. COMMERCIAL

( )

b. DSN

## 6. DLA USER?

☒ YES☐ NO

## c. BUSINESS MAILING ADDRESS

## 7a. REQUESTING SUPERVISOR

**Eric J. Kessler**

## a. SOCIAL SECURITY NUMBER

## b. CONTRACTOR

☐ YES ☒ NO

## b. E-MAIL ADDRESS

**Eric\_Kessler@hq.dla.mil**

## c. E-MAIL Extension

## 8. SYSTEM TO BE ACCESSED

a. HQDLA LAN:  
("X" one box only)☐ DLSC☐ FO/GC☒ DCMC☐ CA☐ DASCb. MID-TIER:  
(More than one  
box may be "X'd")☐ DLAHP1☒ DLAHP2☐ DLAHP3☐ DLAHP5☐ DLAA1☐ DLAA2☐ DLAA3☐ DLAA4☐ SCO1☐ SCO3☐ SCO5c. IPC COLUMBUS:  
(More than one  
box may be "X'd")☐ M204☐ T204☐ TSO

## d. SPECIFY APPLICATION:

**FTP Account/Password for ACTS Data File Transfers**

## 9. OTHER SYSTEMS (Indicate in 10.e. type of function, i.e., inquiry, update, etc.)

a. SAMMS (All Centers)

c. WEAPONS (All Centers)

b. LOGRUN (DLIS)

d. MOCAS

## e. TYPES OF FUNCTIONS (Specify) (Use additional sheets if necessary.)

10. TERMINAL AREA SECURITY  
OFFICER (TASO)

## a. NAME (Last, First, Middle Initial)

## b. E-MAIL ADDRESS

## c. E-MAIL Extension

## d. DATE

## e. SIGNATURE

## 11. DASC-O

a. E-MAIL ADDRESS  
**ISSOmail@hq.dla.mil**

## b. E-MAIL Extension

## c. DATE

## d. SIGNATURE